

7/20/2011 Proposed agenda (up for discussion)

1. Discussion on data system, webinar and survey feedback
2. Discussion on Performance Standards—Can we finalize this?
3. Discussion on Benchmarks for Quality Performance
4. Update on anti-trust issues
5. Announcement of upcoming events

Dr. Tom Roberts, Western Montana Clinic

1. After viewing the MDdatacor and DocSite Webinars, what aspects of the system functionality or features would work best for your practice? DocSite would appear to offer slightly improved functionality to our existing system. There could be some improvement in ease of collation of quality metrics, however the process of accessing this would probably deter regular usage by providers. MDdatacor appears to have much greater business intelligence built into the product and appears to be value added on a number of fronts. Real time information collated from a variety of sources could potentially impact daily patient care. Ease of use would allow individual providers or groups to readily identify care gaps and easily contact individual patients.
2. What functions or features are a concern for your practice? Accessing data from multiple sources such as claims data, hospital generated information, dictated information and possibly pharmacy data is a big issue. MDdatacor demonstrated their ability to do this and present the information to providers in a user friendly way. DocSite did not demonstrate this ability beyond information received from EMR data sources. Collation of information for easy use by the clinician in a prospective manner is imperative for improved patient care, i.e. what does the patient I'm about to see need done in addition to why they're in my office today. It appears that this type of information would be available easily and readily through MDdatacor, while it looks more difficult with DocSite. While it is possible to use DocSite to identify care gaps, the process does not look easy or intuitive in comparison to MDdatacor. This would be especially true if multiple source information is not available outside of EMR data.
3. If MDdatacor/MDinsights or DocSite were made available, would your practice use the product? I suspect our organization would use DocSite periodically to help identify potential gaps in care. Information generated through MDdatacor would likely be used by our clinicians on a daily basis.
4. If given a choice between the two systems, which one would work best for your practice, and capture all of the functionality and features you are looking to achieve? We have been using the NextGen EMR for 5 years. For us DocSite would perhaps add some marginal benefits in terms of improved functionality and features, whereas MDdatacor would appear to significantly enhance the organization of and access to

information. I suspect that other organizations who are currently implementing or using fully functional EMR systems would have similar issues. Those without a full EMR may have different issues.

5. Out of the two systems, which system gathers the most data and quality measures your practice is looking to capture and measure on? As above, MDdatacor has shown the ability in the webinars we attended. The significant amount of experience MDdatacor has developed in other markets is a strong asset. We did not see information suggesting the same level of experience or sophistication from DocSite.
6. Any additional comments or feedback? The difference in functionality of these two systems seems apparent to our group. The financial and political aspects of working with Health Share Montana cannot be overlooked. However, using MDdatacor seems more likely to result in our being able to improve medical care to our patients.

Rick Yearry, director of the regional extension center a division of Mountain-Pacific.

I just wanted to make the comment that the REC will be able to provide onsite train and implementation support for MDdatacor/MDinsight. The REC has 22 HIT field staff, funded by a federal grant, that are currently assisting 700 primary care providers and 40 CAH's in the region of Montana and Wyoming to implement EHR systems and to reach meaningful use. These staff will soon be trained on MDdatacor in support of several projects we are support in Wyoming and Montana with this product.

Stan Moser, Bozeman Deaconess Hospital, Chief Administrative Officer

I can't speak for some of my staff, and hopefully they will respond. Some of them may understand the details and nuances better than I. From my perspective, both softwares were capable. In the end, the real issue, and the one no one can really comment on, is how difficult will it be to get our data into the software, how expensive, and how meaningful? Some terms that you would think everyone defines and uses the same, simply is not the case.

[I'm concerned that] everyone seems to want to make this "easier" than it really is (editorial comment, no offense).

We are already using a lot of our own data, and I think we would use one of these only if the comparative data was "apples-to-apples", current, and meaningful.